	,			STAND	ARD CERTIF	ICATE OF DEATI	н			ひりてる
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١.	. PLACE OF DEA o. COUNTY	ATH .				2. USUAL RESIDE		B. COU	ITV ·	(nکرissi)
		Gent			1	W(0.		Ge	ntry /
	D. CITY (If outs OR	side corporate	limits, give	TOWNSHIP only)	1	c. CITY				- Inside Limits
_		per Tw			Yesu No 🗆		tanberr	<u>y </u>		Yes D Nog
	c. FULL NAME HOSPITAL O INSTITUTION	IR	_	give location) Len	gth of stay in 1b	d. STREET ADDRESS	3 mi.	fautside, giv	e location)	Reside on Fo
). I	NAME OF	· voor	First	***	Aiddle	Last			donth.	Day Year
- 1	DECEASED (Type or print)	Tra s.		•		~ .	.	OF DEATH	0	
	SEX	6. COLOR O	R RACE	7. MARRIED N	rman	Shupe 8. DATE OF BIRTH			6 IF UNDER 1	13 1957 YEAR IF UNDER 24 HRS
	0	10. 002011 01	N NACE				/	est birthday)	Months D	aya Hours Min.
<u>~</u>	M'	ON (Gine bind of	(mork done	WIDOWED T	DIVORCED	4-25-186		_90		OF WHAT COUNTRY?
υų	during most of w	orking life, ever	if retired)	_		The officer of the second	and state or count	" / I		
2	Farmer FATHER'S NAME			Farmin	g	Bristol 14. MOTHER'S MAIDEN	Tenn.		U.S	S.A.
Э.	- FATHER 5 NAME	_								
_	Floyd Shupe was deceased ever in u. S. armed forces				<u> </u>	Unkn	OWN			
	es. no. or unknown)				L SECURITY NO.	17. INFORMANT		Addr	688	•
	no			non	e	Allen E.S	hupe	Star	berry	K Mo.
		IMMEDIATE C	AUSE (a) _	Coron		J. Krom	boxe	- 4		ONSET AND DEATH
	Conditions which gave	, if any.	AUSE (a)	Coron		Salu	osi	7		
		, if any. crise to ise (a), under-				I know	osi	7		
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose name is recorded on	the reverse sid	e of this certificate was
by me, or by		, s	tudent Embalmer No

working under my personal supervision..

Student

Signed Jaggard

Licensed Embalmer No. 2. 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.